

South Carolina High School Student Survey/Abbreviated Youth Risk Behavior Survey

This survey asks about how you feel about your school, the things you do there, and health behavior. Since this survey will be used to make your school a better place for students and improve health education for young people like yourself, it is important to tell us exactly what you think.

The survey is divided into two sections. Section One are questions from the Education Over-site Committee (EOC) Survey and Section Two are questions from the Abbreviated Youth Risk Behavior Survey (YRBS).

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really think and do.

Completing the survey is voluntary. However, your input is important and needed to change your school climate. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the bubbles completely on the answer sheet. If you need to change your response, erase the old one completely. When you are finished, follow the instructions of the person giving you the survey.

Begin by filling in your school name, today's date, and your grade level.

Thank you very much completing this survey!

SECTION 1 – EOC Survey: The section asks you how you feel about your school. Read each statement. Decide if you agree, mostly agree, mostly disagree, or disagree with the statement. Then, fill in the corresponding bubble on your answer sheet.

Learning Environment		Disagree	Mostly Disagree	Mostly Agree	Agree
1.	My classes are challenging (not too easy; they make me think).	A	B	C	D
2.	My teachers want me to understand what I am learning, not just remember facts.	A	B	C	D
3.	My teachers expect students to learn.	A	B	C	D
4.	My teachers expect students to behave.	A	B	C	D
5.	My teachers spend enough time helping me learn.	A	B	C	D
6.	My teachers help students when they do not understand something.	A	B	C	D
7.	My teachers do a good job teaching me mathematics.	A	B	C	D
8.	My teachers do a good job teaching me English language arts.	A	B	C	D
9.	My teachers give tests on what I learn in class.	A	B	C	D
10.	My teachers give homework assignments that help me learn better.	A	B	C	D
11.	My classes are interesting and fun.	A	B	C	D
12.	Students at my school believe they can do good work.	A	B	C	D
13.	My teachers praise students when they do good work.	A	B	C	D
14.	Work done by students can be seen on the walls of my school.	A	B	C	D
15.	The textbooks and workbooks I use at my school really help me to learn.	A	B	C	D
16.	The media center at my school has a good selection of books.	A	B	C	D
17.	I use computers and other technology at my school to help me learn.	A	B	C	D
18.	I am satisfied with the learning environment in my school.	A	B	C	D

Social and Physical Environment		Disagree	Mostly Disagree	Mostly Agree	Agree
1.	The grounds around my school are kept clean.	A	B	C	D
2.	The hallways at my school are kept clean.	A	B	C	D
3.	The bathrooms at my school are kept clean.	A	B	C	D
4.	Broken things at my school get fixed.	A	B	C	D
5.	There is enough room for students to learn at my school.	A	B	C	D
6.	Students at my school behave well in class.	A	B	C	D
7.	Students at my school behave well in the hallways, in the lunchroom, and on school grounds.	A	B	C	D
8.	Students at my school know the rules and what happens when students break the rules.	A	B	C	D
9.	The rules about how students should behave in my school are fair.	A	B	C	D
10.	The rules for behavior are enforced at my school.	A	B	C	D
11.	I feel safe at my school before and after school hours.	A	B	C	D
12.	I feel safe at my school during the school day.	A	B	C	D
13.	I feel safe going to or coming from my school.	A	B	C	D
14.	Students from different backgrounds get along well at my school.	A	B	C	D
15.	Teachers and students get along well with each other at my school.	A	B	C	D
16.	Teachers work together to help students at my school.	A	B	C	D
17.	My school has a variety of extracurricular activities for students.	A	B	C	D
18.	I am satisfied with the social and physical environment at my school.	A	B	C	D

Home-School Relations		Disagree	Mostly Disagree	Mostly Agree	Agree
1.	My parent knows what I am expected to learn in school.	A	B	C	D
2.	My parent knows how well I am doing in school.	A	B	C	D
3.	My school informs parents about school programs and activities.	A	B	C	D
4.	Parents at my school know their children's homework assignments.	A	B	C	D
5.	My parent helps me with my homework when I need it.	A	B	C	D
6.	Parents are welcomed at my school.	A	B	C	D
7.	Parents volunteer and participate in activities at my school.	A	B	C	D
8.	I am satisfied with home-school relations.	A	B	C	D

SECTION 2 – Abbreviated YRBS: The section asks about you, the things you do at your school, and health behavior.

The first 6 questions ask about you.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

5. What is your race? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. During the past 12 months, how would you describe your grades in school?
 - A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

The next 8 questions ask about violence-related behaviors.

During the **past 30 days**,

		0 Days	1 Day	2 or 3 Days	4 or 5 Days	6 or more Days
7.	on how many days did you carry <i>a weapon</i> such as a gun, knife, or club?	A	B	C	D	E
8.	on how many days did you carry a weapon such as a gun, knife, or club <i>on school property</i> ?	A	B	C	D	E
9.	on how many days did you carry <i>a gun</i> ?	A	B	C	D	E
10.	on how many days did you carry a gun <i>on school property</i> ?	A	B	C	D	E
11.	on how many days did you <i>not</i> go to school because you felt you would be unsafe at school or on your way to or from school?	A	B	C	D	E

During the **past 12 months**,

		0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10 or 11 times	12 or more times
12.	how many times has someone threatened or injured you with a weapon such as a gun, knife, or club <i>on school property</i> ?	A	B	C	D	E	F	G	H
13.	how many times were you in a physical fight?	A	B	C	D	E	F	G	H
14.	how many times were you in a physical fight <i>on school property</i> ?	A	B	C	D	E	F	G	H

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

15. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
B. No
16. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
- A. Yes
B. No

The next 5 questions ask about tobacco use.

17. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
B. No

During the **past 30 days**,

		0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
18.	on how many days did you smoke cigarettes?	A	B	C	D	E	F	G
19.	on how many days did you smoke cigarettes <u>on school property</u> ?	A	B	C	D	E	F	G
20.	on how many days did you use <u>chewing tobacco, snuff, or dip</u> , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?	A	B	C	D	E	F	G
21.	on how many days did you use <u>chewing tobacco, snuff, or dip on school property</u> ?	A	B	C	D	E	F	G

The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

22. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days
23. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
24. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

25. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times

26. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
27. During the past 30 days, how many times did you use marijuana **on school property**?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 4 questions ask about prescription drug use.

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
28. During your life , how many times did you take a <i>prescription drug</i> (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	A	B	C	D	E	F
29. During the past 30 days , how many times did you take a <i>prescription drug</i> (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	A	B	C	D	E	F
30. During your life , how many times have you taken <i>over-the-counter drugs</i> to get high?	A	B	C	D	E	F
31. During the past 30 days , how many times did you take <i>over-the-counter drugs</i> to get high?	A	B	C	D	E	F

The next question asks about drugs on school property.

32. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

**This is the end of the survey.
Thank you very much for your help.**